



POINT-OF-SALE FUELING INSTALLATION NOTIFICATION

The information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Return Completed Checklist To:
Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products & Tanks
P. O. Box 7837
Madison, WI 53707-7837

Dispenser conversion only - The Checklist for Point-Of-Sale (POS) Fueling Installation is to be completed by the contractor performing the conversion or initial installation and submitted to the inspector prior to the installation inspection.

New/upgraded systems - The Checklist for Point-Of-Sale (POS) Fueling Installation shall be completed and submitted along with the tank/pipe plan review application for newly installed or upgraded storage tank systems providing POS dispensing.

This checklist covers installation of: ☐ **Key Control System** ☐ **Card Control System** ☐ **Code Control System**
Automated Fueling is: ☐ **ATTENDED** ☐ **UNATTENDED** ➔ ☐ **PUBLIC FUELING** ☐ **FLEET FUELING**

Reg. Obj. #'s: _____

A. IDENTIFICATION: (Please Print)

1. Installation Name			2. Owner Name				
Installation Street Address (not P.O. Box)			Owner Street Address				
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State	Zip Code
State	Zip Code	County	County	Telephone No. (include area code) ()			

B. PLAN APPROVAL

- | | Installer
Verified | Inspector
Verified | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Plans have been submitted and approved. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Commerce / LPO plan number: _____ | | | |

C. EMERGENCY CONTROL INSTALLATION

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Dispensing devices are listed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Listed, automatic-closing-type nozzles with latch-open devices installed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emergency controls are installed more than 20 ft. but less than 100 ft. from each group of dispensers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emergency controls are functional and of the manual reset type. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Instructions posted for emergency conditions (Use emergency stop button and report emergency)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. A telephone or other approved clearly identified means to notify the fire department provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fleet Fueling communication is via: <input type="checkbox"/> Cell phone <input type="checkbox"/> Personal or vehicle 2-way radio | | | |
| 7. Operating instructions are conspicuously posted in the dispensing area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Marina applications will have attendant on duty at all times when POS dispensing is offered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. INSTALLER CERTIFICATION

Installation Company Name (print)	Installation Company Mailing Address	City/State/Zip Code
Company Telephone No. (include area code) ()	Certified Installer Name (print)	Installer Certification No.

I certify that the automated fueling system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and comply with Comm 10.

Installer Signature: _____ Date Signed: _____

E. INSPECTOR INFORMATION

Inspection Dates: _____

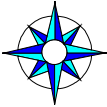
Inspection Company Name: _____ Company number: _____

Inspector Signature: _____ Inspector #: _____ Local Operator #: _____

Date Signed: _____ Fire department providing coverage: _____ FDID #: _____

F. In the space provided, complete a drawing of the POS dispensing system. In the drawing, include all dispensers, islands, buildings, location of emergency controls, and location of telephone or communication device. All drawings must include and identify at least one roadway.

N



G. COMMENTS: _____

Fee for conversion of existing dispenser(s) (If independent of tank/pipe installation submittal)	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
Conversion of existing system to a point of sale type of dispensing system	\$35	\$100	\$100	\$100